



NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS, OR TO DEMOLISH

This form will be considered incomplete until all information is supplied below. If any changes are made after the notification is logged with the Agency, an amendment must be filed before work begins or continues. See other side for assistance in completing this form.

OFFICE USE: PROJECT # _____ Fee Rec'd \$ _____ Date Rec'd _____

I. OPERATION CATEGORY

ADVANCED NOTIFICATION PERIOD REQUIRED

FEE

<input checked="" type="checkbox"/> All Demolition Projects	10 working days	\$25
<input type="checkbox"/> Residential Asbestos Project	10 working days	\$25
<input type="checkbox"/> Asbestos Project: 10 to 259 lf or 48 to 159 sf	10 working days	\$150
<input type="checkbox"/> Asbestos Project: 260 to 999 lf or 160 to 4,999 sf	10 working days	\$300
<input type="checkbox"/> Asbestos Project: 1,000 to 9,999 lf or 5,000 to 49,999 sf	10 working days	\$600
<input type="checkbox"/> Asbestos Project: more than 10,000 lf or more than 50000 sf	10 working days	\$1800
<input type="checkbox"/> Amendments for Project # _____	Prior Notification	Res. \$30 / Others \$60
<input type="checkbox"/> Annual Notification	10 working days	\$1800
<input type="checkbox"/> All Emergencies	Prior Notification	Res. \$60 / Others 2x Fee
<input type="checkbox"/> All Alternate Methods	10 working days	2x Fee

II. CONTRACTOR

Contractor's Name: CH2MHill Plateau Remediation Co

Certification # _____

Address: P.O. Box 1600 Richland WA 99301
Street City State Zip

Contact: Mike Greene Title: Point of Contact Phone: 509-942-6442

III. JOB SITE

Property Owner: US Department of Energy/Richland Field Office Phone: 509-376-2347

Address: 815 Jadwin Ave Richland WA 99352
Street City State Zip

Name of Job Site: MO-221-TB Change Trailer Demolition

Address: T-Plant, 200 West Area, Hanford Site Richland WA 99352
Street City State Zip

Building/Room Where

Job Will Occur: MO-221-TB Change Trailer, T-Plant, 200 West Area, Hanford Site

Site Contact: M.E. Eby Title: Env Comp Officer Phone: 509-942-6443

IV. Asbestos "good faith survey" has been conducted? ☐ YES ☐ NO. By whom? _____

Type(s) of asbestos present, if any (Friable, Category I, Category II): Category II

V. Start Date of Removal: 10/2/09 Date of Completion: 10/6/09

Approximate Amount of Asbestos to be Removed: _____ Linear Feet 360 Square Feet

Method of Removal and Work Plan Specifications: (Attach description if more room is needed)

ACM will be demolished with structure. Structure and area where demolition will occur will be wetted for dust suppression as needed. Fixative may also be used on debris for dust suppression during waste loading. Traditional demolition and loading will be utilized.

VI. Name of Disposal Site: ERDF Phone: _____

Michael R. Greene Your Signature 09/09/09 Date

Approval: BCAA [Signature] Date: 10/26/09

REMIT FEE & FORM TO: BCAA, 526 S. Clodfelter Road, Kennewick, WA 99336

CHPRC ADDENDUM TO BCAA "NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS"

1. TYPE OF NOTIFICATION (O = Original / R = Revised): ☐ O (D - Demolition / R = Renovation): ☐ D

FOR EMERGENCY RENOVATIONS FILL OUT THE REST OF THIS SECTION, OTHERWISE GO TO 2.

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

2. FACILITY INFORMATION

Operator: CH2MHill Plateau Remediation Co

Street Address: PO Box 1600

Richland, Washington 99352

Contact: Mark Eby

Tel: 942-6443

BUILDING SIZE

Sq. Meter:

Sq. Ft.:

No. of Floors:

Age in Years:

Present Use: Change Trailer

Prior Use: Change Trailer

3. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Asbestos Good Faith Inspection

4. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Field work will be stopped, area placed in a safe condition, and appropriate notifications made. Field planning changes and approvals in place prior to proceeding with work.

5. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)

Start:

Completion:

6. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Change trailer demolition: See NOI for activity description.

7. WASTE TRANSPORTER (Attach another sheet if there are two transporters)

Name: CH2MHill Plateau Remediation Co.

Address: PO Box 1600

City: Richland

State: WA

Zip: 99352

Contact Person: Mark Eby

Telephone: 942-6443

8. LOCATION OF WASTE DISPOSAL SITE

Address: ERDF, Hanford Site

City: Richland

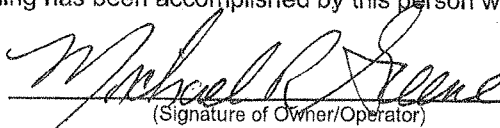
State: WA

Zip: 99352

9. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT BELOW.

	RACM to be Removed	Nonfriable Asbestos Material Not to be Removed Before Demolition	
		Cat I	Cat II
Pipes - Linear Meters (Linear Feet)	See V. of BCAA Form		
Surface Area - Square Meters (Square Feet)	See V. of BCAA Form		33.5
Volume RACM Off Facility Component - Cubic Meter			

10. I certify that an individual trained in the provisions of (40 CFR 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.


(Signature of Owner/Operator)

09/09/09
(Date)